



**MCAS Iwakumi
Military Family Housing**



PET REGISTRATION FORM

DATE		
RESIDENT NAME		
MILITARY UNIT		
PHONE NUMBERS WORK:		HOME:
E-MAIL		
NUMBER OF DOGS OWNED:		
DOG 1		DOG 2
PET NAME		
BREED		
MICROCHIP NUMBER		
COLOR		
SIZE/WEIGHT		
AGE		
SPAYED/NEUTERED		
MALE/FEMALE		
NUMBER OF CATS OWNED:		
CAT 1		CAT 2
PET NAME		
BREED		
MICROCHIP NUMBER		
COLOR		
SIZE/WEIGHT		
AGE		
SPAYED/NEUTERED		
MAL/FEMALE		
VETERINARIAN TREATMENT FACILITY (VTF)		
The above domestic pet(s) is/are registered at the VTF and have current rabies immunization.		
DATE		
NAME		
JOB TITLE		
SIGNATURE (& STAMP)		
RESIDENT ACKNOWLEDGEMENT		
I have received a copy of Chapter 3 of MCO 11000.22 and will comply with all policy provisions. I also understand that I must comply with the Installation/Base Domestic Animal/Pet Registration and Control Order/Instruction. Failure on the part of the sponsor, family members or guests to do so can result in the removal of my pet(s) from military family housing or termination of assignment to military family housing.		
DATE		
SIGNATURE		
FOR FAMILY HOUSING OFFICE USE ONLY		
DATE OF ASSIGNMENT		
QUARTERS ADDRESS		
DATE		
HOUSING COUNSELOR NAME		
SIGNATURE		